

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																											
1 Date of Request: <u>7-6-05</u>		2 Serial/Patent # <u>10/518767</u>																																									
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 95%;">Filing</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Amendment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Extension of Time</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Petition</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Issue</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Maintenance</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Assignment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Other</td></tr> </table>	<input checked="" type="checkbox"/>	Filing	<input type="checkbox"/>	Amendment	<input type="checkbox"/>	Extension of Time	<input type="checkbox"/>	Notice of Appeal/Appeal	<input type="checkbox"/>	Petition	<input type="checkbox"/>	Issue	<input type="checkbox"/>	Cert of Correction/Terminal Disc.	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Assignment	<input type="checkbox"/>	Other	4 PAPER NUMBER	5 DATE FILED	6. AMOUNT <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;">\$</td><td style="width: 95%; text-align: right;">150</td></tr> <tr><td style="text-align: center;">\$</td><td></td></tr> <tr><td style="text-align: center;">\$</td><td></td></tr> <tr><td style="text-align: center;">\$</td><td></td></tr> <tr><td style="text-align: center;">\$</td><td></td></tr> <tr><td style="text-align: center;">\$</td><td></td></tr> <tr><td style="text-align: center;">\$</td><td></td></tr> <tr><td style="text-align: center;">\$</td><td></td></tr> <tr><td style="text-align: center;">\$</td><td></td></tr> <tr><td style="text-align: center;">\$</td><td></td></tr> </table>	\$	150	\$		\$		\$		\$		\$		\$		\$		\$		\$	
<input checked="" type="checkbox"/>	Filing																																										
<input type="checkbox"/>	Amendment																																										
<input type="checkbox"/>	Extension of Time																																										
<input type="checkbox"/>	Notice of Appeal/Appeal																																										
<input type="checkbox"/>	Petition																																										
<input type="checkbox"/>	Issue																																										
<input type="checkbox"/>	Cert of Correction/Terminal Disc.																																										
<input type="checkbox"/>	Maintenance																																										
<input type="checkbox"/>	Assignment																																										
<input type="checkbox"/>	Other																																										
\$	150																																										
\$																																											
\$																																											
\$																																											
\$																																											
\$																																											
\$																																											
\$																																											
\$																																											
\$																																											
<div style="background-color: #cccccc; height: 40px; width: 100%;"></div>		7 TOTAL AMOUNT OF REFUND <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;">\$</td><td style="width: 95%; text-align: right;">150</td></tr> </table>		\$	150																																						
\$	150																																										
10 REASON: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 95%;">Overpayment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Duplicate Payment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>No Fee Due (Explanation):</td></tr> </table>		<input checked="" type="checkbox"/>	Overpayment	<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>	No Fee Due (Explanation):	8 TO BE REFUNDED BY: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;"><input type="checkbox"/></td><td style="width: 95%;">Treasury Check</td></tr> <tr><td style="text-align: center;"><input checked="" type="checkbox"/></td><td>Credit Deposit A/C #:</td></tr> <tr> <td style="width: 5%; text-align: center;">9</td> <td style="width: 10%; text-align: center;">0</td> <td style="width: 10%; text-align: center;">6</td> <td style="width: 10%; text-align: center;">--</td> <td style="width: 10%; text-align: center;">2</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%; text-align: center;">4</td> <td style="width: 10%; text-align: center;">0</td> </tr> </table>		<input type="checkbox"/>	Treasury Check	<input checked="" type="checkbox"/>	Credit Deposit A/C #:	9	0	6	--	2	1	4	0																						
<input checked="" type="checkbox"/>	Overpayment																																										
<input type="checkbox"/>	Duplicate Payment																																										
<input type="checkbox"/>	No Fee Due (Explanation):																																										
<input type="checkbox"/>	Treasury Check																																										
<input checked="" type="checkbox"/>	Credit Deposit A/C #:																																										
9	0	6	--	2	1	4	0																																				
11 REFUND REQUESTED BY: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> TYPED/PRINTED NAME: <u>John Anderson</u> SIGNATURE: <u><i>John Anderson</i></u> OFFICE: <u>PCT-DO/EO</u> </td> <td style="width: 50%; padding: 5px;"> TITLE: <u>Paralegal Specialist</u> PHONE: <u>308-9140 x 211</u> </td> </tr> </table>				TYPED/PRINTED NAME: <u>John Anderson</u> SIGNATURE: <u><i>John Anderson</i></u> OFFICE: <u>PCT-DO/EO</u>	TITLE: <u>Paralegal Specialist</u> PHONE: <u>308-9140 x 211</u>																																						
TYPED/PRINTED NAME: <u>John Anderson</u> SIGNATURE: <u><i>John Anderson</i></u> OFFICE: <u>PCT-DO/EO</u>	TITLE: <u>Paralegal Specialist</u> PHONE: <u>308-9140 x 211</u>																																										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: _____ DATE: _____																																											

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**